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Art. I.—CASE OF REMOVAL OF AN OVARIAN TUMOUR.

BY RICHARD S. KISSAM, M. D., OF NEW YORK.

New York, Feb. 2d, 1838.

On the 15th day of July last, I was requested by Dr. McAuley to visit Mrs. M. supposed to be labouring under abdominal dropsy. The patient was twenty-nine years of age, of dark complexion, ordinary size, and a native of Baltimore; she was married at the age of sixteen, and during the next succeeding four years was delivered of two children after very difficult labours.

Upon examination we found the abdomen greatly enlarged, evidently containing a fluid; but *no* anasarca of the inferior extremities. Percussion yielded a dull sound, when the patient was in a recumbent as well as an erect position. The swelling was equally diffused, presenting no irregularities, and occupied the abdominal cavity as much on one side as the other. The position of the uterus was not altered, except slightly downwards, and was at the time secreting healthy menstrual fluid; and this function had not been interrupted at any period since the commencement of the disease, which was first observed five years ago, and had been gradually increasing to the present time. The urine was but little diminished. The appetite and digestion good, and bowels regular. Her general health and vigour appeared unimpaired; but as her respiration and locomotion had become very difficult, we determined to evacuate the fluid, which was effected by a puncture of the trocar in the linea alba half way between the umbilicus and pubes. The oily, ropy, dark coloured character of the discharge, served to confirm our opinions that the disease was encysted ovarian tumour; and when, upon an examination of the abdomen, we felt the cyst, all our doubts vanished, and we felt sure of the truth of our diagnosis. The quantity of fluid discharged was forty pounds; the tapping was repeated in nine weeks, and forty-eight pounds evacuated; and, in four weeks after, forty pounds more were taken away. The patient's health now failed rapidly; it was evident that she could not support these heavy drafts upon her constitution; and it was impossible that she could survive unless she was frequently relieved by the evacuation of the fluid, so greatly was her respiration impeded. I now proposed for consideration the removal of the tumour by extraction; this was not consented to at the time, but the rapidity with which the abdomen filled, together with the great prostration and evident giving away of health, induced the patient, at the end of three weeks, after a fair representation of the chances and danger of her case, to consent to its removal; this was sanctioned and advised, by three of the most prudent and able medical men the city affords, as the only chance of survival.

Accordingly, on the 4th day of November, in the presence of Professors Delafield, Francis and Brigham, and Drs. McLean, Hoffman and McAuley, after evacuating the bladder, the patient was placed on the edge of a bed, supported by a friend, her feet resting on chairs; an incision was commenced two and a half inches below the umbilicus and carried downwards

three inches; the tendon was carefully dissected until the peritoneum was exposed,—one inch of which being divided, the ovarian sac was brought to view; this was pierced with a trocar, and the fluid drawn off; the sac being secured by ligature, the tendon of the linea alba and the peritoneum were divided to the extent of the superficial incision. Moderate traction being made and the sac not yielding, this was discovered upon examination to be caused by a separate cyst, which, upon being punctured, was found to contain half a gallon of limpid serum; upon a second effort being made and with no better success, it was thought prudent to enlarge the wound, and this being done by extending it two inches towards the umbilicus, the whole mass readily passed out; numerous parabysmic masses of a large size had caused the retention of the sac. There were no adhesions to the intestines or peritoneum; the only attachment being natural, at its base, to the right broad ligament of the uterus of about one inch in diameter.

The fallopian tube and blood vessels were separated from the base of the tumour, and the vessels, secured by themselves with a leather ligature, cut close; the arteries were small, the veins large. The pedicle was tied with a silk ligature, which was brought to the surface, and the whole mass separated by a few strokes of the scalpel.

The wound was secured by sutures, strips, and bandages. The patient, although much exhausted by the operation (which occupied forty-five minutes), was tranquil and in good spirits; pulse 120 in the minute. Reaction was soon established, and the case appeared to be doing exceedingly well for the six following days; when it was discovered that a peritoneal inflammation had set in, which in all probability would destroy the patient. This was not treated very energetically on account of the great debility of the patient and the insidious character of its commencement.

The case terminated on the ninth day by death.

Inspection.—The abdomen slightly swollen; the external wound entirely healed, except where the ligature passed out. The serous coats of the intestines adhered to each other and to the peritoneum; the usual false membrane was present, which covered the folds of the intestines and lined the peritoneum; about one quart of milky fluid occupied the cavity of the abdomen.

The ligatures were *not* liberated; the uterus appeared healthy. The muscular tissue of the intestines bore evident marks of inflammation. The surface of the broad ligament to which the tumour had been attached, although pale and flabby, bore some marks of an attempt at reparation.

The sac is very large, and contained fifty-six pints, weighing fifty-six pounds, itself weighing three pounds and four ounces, in all sixty pounds. The fluid when evacuated filled more than two twelve quart pails by one gallon; besides the bulk of the tumour itself.

Besides the external peritoneal coat, there is an inner membrane, several smaller cysts and parabysmic masses, and one beautiful hydatid of the size of an orange and of a purple hue.

The sac is *entire*, except where pierced by the trocar; at the place of separation, only the peritoneal coat was cut, leaving the inner membrane whole, and has the appearance of a double hollow globe with a small piece of the external coat extracted of one inch in diameter.

Upon a retrospection of the case, I cannot doubt the propriety of the operation. The tapping had been delayed as long as the safety of the patient could permit, and having once been begun, from all experience we were led to believe that its repetition would be frequently necessary, and, as in this case, followed by serious and dangerous prostration. The intervals of each tapping decreased alarmingly,—the first near nine weeks, the second four; and when it became necessary either to evacuate or remove, the last time, was only three weeks, and the quantity was increased from forty to fifty-six pints. The patient could not have lived many weeks in her rapidly declining situation. Various remedies had been tried, but as usual in vain. Moreover, I have not in my reading found or heard of a case of encysted ovarian

tumour which had contracted adhesions; upon this I lay great stress—the adhesions only take place in fleshy and hydatid tumours. If I am wrong in this I should be glad to be corrected.

A great objection to operations of this nature is the difficulty of diagnosis: but I think any well-educated man, upon bestowing proper attention, may *invariably* determine upon the nature of the disease.

In ascites, the sound produced by percussion is sonorous; in ovarian disease, dull. In ascites, we have a diminution of urine; in ovarian disease, no, or very little, diminution. In ascites, either some organ or the general health is affected, anasarca is present, and the menses disturbed; in ovarian disease, none of these are necessarily present.

Upon tapping in ascites, we have limpid serum; in ovarian disease, the discharge is dark, oily, and mucilaginous. On examining the abdomen after an ovary has been evacuated, a substance like a contracted uterus after delivery is found; in ascites there is nothing of this kind. Dr. Hamilton considers this sign caused by a contraction of the sac; I think it may rather be attributed to the presence of smaller cysts, which have not been opened, or to the presence of fleshy tumours attached to the sac; and because the sac is not of a muscular nature, and has no contractile power, I am satisfied that the sign in the above was caused in this way. Encysted tumour *cannot* be confounded with hydatid, or malignant growths after tapping; the first is hollow and yields a fluid, the latter one either solid or evacuated small hydatids.

Hydatid tumour of the liver would scarcely be confounded with this disease, as the locality of its origination would tend to a correct diagnosis.

Still there may be doubts, and if so, I for one should not advise an operation. My father, the late Dr. Richard S. Kissam, early in his practice had recourse to tapping for the encysted tumour; and in one instance, at least, the patient entirely recovered, and afterwards bore a family of children.

Prof. Robley Dunglison, M. D., &c. &c.

Art. II.—PERIOD OF INCUBATION OF SYPHILIS.

BY M. DESRUELLES.

Syphilis, it is well known, does not supervene immediately on the application of the virus. The time which elapses is various, and this is the period of incubation. In some recent lectures, delivered by M. Desruelles, at the Hôpital du Val de Grace, and reported by M. Serive,[1] we have some estimates on this subject.

The period of incubation, according to M. Desruelles, varies from one hour to six weeks; it is rarely less than an hour or more than forty days.

The time of incubation of balanitis (inflammation of the glans), is from one hour to five days; of posthitis (inflammation of the prepuce), from one hour to three days; of balano-posthitis, from one hour to six days; of urethritis, from two hours to twenty-one days (rarely more); of phagedenic ulcers, from one to five days (development hastened in winter); of ordinary ulcers from one to eight or ten days; of adenitis (bubo), from two to forty days; and of vegetations from eight to forty days (the longer the period of incubation, the less red and painful are they).

Balanitis, he says, is always hastened by great narrowness of the prepuce; posthitis is favoured by a long "follicular" prepuce, of loose texture, which

[1] Gazette des Hôpitaux, 4 Juillet, 1837, No. 78.

secretes thick mucus; and balano-posthitis occurs especially where the prepuce forms a ring (*bourrelet*) behind the glans.

It is hardly necessary to say, that it is impossible to regard these estimates as *historical;* the supervention of many of these conditions must be regulated by accidents occurring long after the application of the virus, which accidents scarcely admit of appreciation.

Art. III.—MEDICAL TOPOGRAPHY—No. 10.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Concluded from page 366.)

Dysentery.

One of the affections most common to the southwestern parts of the United States is dysentery. We have already noticed the dysenteric condition of the bowels so generally present in malarious fevers, as they prevail in the Arkansas country. Idiopathical dysentery there occurs sporadically at all seasons of the year; but in the decline of summer and in autumn it often reigns epidemically. We have observed it once as a contagious disorder.[1]

[1] With the 1st U. S. dragoons in 1836—on their expedition to the Texas border. On the 8th May of that year the dragoons left Fort Gibson for the Sabine river, *via* Fort Towson on Red river. The 7th infantry had left on the same route four days before. On arriving at Fort Coffee, on the Arkansas, a single dragoon reported ill of dysentery—in four days after, on the Kiamechie river, we had five new cases—the next day the sick report numbered eight. Here we passed the infantry forces, and led the march some twenty miles in advance—every day the number of sick of dysentery increasing. On our arrival at Fort Towson we were ordered to take up a position four miles from thence, at old Dokes' ville. There we had under treatment thirteen cases. The sick being separated from the well, and lodged out of camp, no new cases of the disease occurred. The camp was shortly afterwards moved to within a half mile of Fort Towson. The sick at Dokes' ville, being now convalescent, were sent to camp, and took with them their *unwashed* clothing and bedding. No sickness whatever at the camp on their arrival; in a few days, however, the dysentery again made its appearance and spread with frightful rapidity. Officers and men were alike attacked, and myself and hospital attendants were taken down. The disease began to decline about the 1st of July, after affecting more or less a large part of the command. Shortly after the troops moved on to Nacogdoches in the disputed territory; but the disease had entirely disappeared before their arrival on the Sabine.

I am convinced that the affection in this instance was contagious. It could not have been epidemical, or why should the 7th infantry, on the same route, at the same time, enjoy a complete immunity from the disease? And again, this corps with the troops of the 3d infantry at Fort Towson, only half a mile each from the dragoon camp, were free from the complaint, until some cases, on the removal of the dragoons, were sent to that post—when some soldiers of the 3d infantry were shortly afterwards attacked. We heard of no instance of dysentery along the whole route among the Indian or other inhabitants. It prevailed alone with the dragoons. How it arose in the first instance we are unable to determine; but that it was propagated afterwards by contagion, in the ordinary acceptation of the term, we are convinced. It could not have resulted from any difference in the subsistence of the dragoons from that of the other troops, as this was the same, and changed at one time without altering in any wise the susceptibility to the disease. Nor could it have arisen from any deficiency in clothing or of camp equipages, as this would have been felt alike by both dragoons and infantry. *During the time it prevailed the peculiar smell of the patient was sickening—even for yards around.*

The greater number of cases of this affection met with in the southwest, owe their origin to the influence of malaria, conjoined to that of a too humid atmosphere and sudden vicissitudes of temperature, so common in that climate. The disease is usually mild and tractable during the spring and early part of the summer, but in the latter part of summer, and during the fall and winter, the cases then met with are usually violent and require in their treatment considerable skill and judgment.

In the majority of cases the mucous lining of the colon has alone been affected, and often a circumscribed portion of this—in the immediate neighbourhood of the ileo-cœcal junction; but frequently all of the ascending and transverse arches participate in the diseased action—more rarely, the descending portion we have found implicated; and what is remarkable, in the fatal cases we have had an opportunity of examining, there has always been a part of the sigmoid flexure apparently entirely free from disease. The post-mortem appearances presented in the case of private Thompson, 1st U. S. dragoons, dead near Fort Towson, July 1st, 1836—were thickening of the mucous lining of the ileon at its junction with the colon—thickening of all the structures of the colon and rectum,[1] with the exception of a portion of the sigmoid flexure—*gangrenous* ulceration of the mucous lining, and sub-cellular tissue of the colon, particularly of the cæcum and rectum—arterial suffusion of the peritoneal surface of the colon and lower part of the small intestines—venous engorgement of the liver, yielding on section dark grumous blood—gall bladder distended with viscid bilious fluid—stomach and first passages free from appreciable morbid alteration.

Treatment.—The pathology of dysentery is now too well understood to merit any reference to its characteristic signs and symptoms; not so, however, its treatment. In no affection should we pay a greater regard to the symptoms, in adopting our therapeutic means, than in the one under consideration. In cases of high arterial excitement we have bled from the arm; but generally in the cases we have treated the lancet could not be used with advantage, or even with safety. In inflammations of the mucous structures, particularly of the gastro-intestinal mucous membrane, venesection, although it may moderate the excitement of the general system, will, I believe, in the greater number of instances, fail to make any favourable impression on the inflamed part—whilst, at the same time, it leaves the patient in too feeble a state to adopt with activity other more curative means. The objections to general bleeding do not, however, apply with the same force to topical sanguineous depletion; the application of leeches or cups along the course of the colon, followed by emollient cataplasmata or stupes, will usually be succeeded by highly favourable results But we will be much disappointed if we rely upon these means alone, as, unassisted by a proper treatment to restore the functions of the liver (upon a suspended action of which, and of the skin, the disease in nearly all acute cases depends), they will effect but little towards the speedy cure of the disorder.

Calomel, opium, and ipecacuanha, are the great remedies the present state of our knowledge affords in the treatment of acute dysentery; a combination of these will least often disappoint us; and I hold them indispensable to the cure of the idiopathic affection. I have usually given to an adult five grains of calomel with one of ipecacuanha and half of opium, in pill or powder—followed by a like dose in three or four hours; and four hours after taking the latter, an ounce of castor oil, a saline purgative draught, or a dose of rhubarb and magnesia combined. These alone have seldom failed, in ordinary cases, to restore the functions of the liver; and with an occasional pill of half grain each of opium and ipecacuanha, plentiful draughts of mucilaginous drink, warm emollient applications to the abdomen, and absolute diet, succeeded in curing the disorder. If two doses of calomel, opium, and ipecacuanha, failed to fulfil the object of their exhibition (a restoration of

[1] In places the gut was one fourth of an inch in thickness.

the hepatic and cuticular secretions), as they sometimes did, especially in damp, cold or variable weather, we repeated them. In only a few instances have we had to give calomel in a larger dose than five grains. Experience has taught us, that a *small* dose of this valuable medicine, in combination with opium and ipecacuanha, will do more in affections where the hepatic function is suspended or disordered than a *huge* one given by itself; and will prove more gentle, salutary, and effective in its operation.

Did the dysenteric symptoms continue after bile had appeared in the stools, and the dejections seem occasionally mucous or sanguineo-mucous like, we gave half grain each of opium and ipecacuanha in pill, or five grains Dover's powder, every two or three hours—enjoined the free use of mucilaginous drinks, the constant application of warm poultices to the abdomen, particular attention to keeping the surface warm, and frequent foot and hand bathing. If, after purgation, bile ceased to appear in the stools, and these were entirely dysenterical or lienterical, we gave two grains of calomel, or five of blue mass, each with half a grain of opium and ipecacuanha, in pill, every two hours until six pills were taken—then after a lapse of three hours a full dose of castor oil, following it by emollient enemata—which effected a restoration of bilious evacuations, that could be readily maintained by an occasional small dose of oil or a pill of rhubarb, dandelion extract, and colocynth.

In those cases where the disorder of the lining of the colon persisted or threatened to assume a chronic form, we gave the cerated glass of antimony, combined with dragon's blood, opium, and ipecacuanha[1], with the happiest results. We have derived great benefit in some cases of protracted dysentery from the use of the balsam. copaib. given in doses of from twenty to thirty drops, with ten to fifteen of the tinct. acet. opii, every three or four hours—with frequent opiated starch enemata.

We have frequently noticed in dysentery, particularly in the contagious form, a disposition in the inflammation to extend itself to the serous envelope of the bowel. In such cases we have, superadded to the proper disease, a highly dangerous complication. The indications of inflammatory action having seized upon the peritoneal surfaces are, a sudden increase of abdominal pain, cessation of the discharges, (though these sometimes continue, yet diminished in quantity,) tympanitic state of the abdomen with inability to sustain the least pressure made upon the abdominal surface, short costal respiration, great anxiety of countenance, dry skin, and gastric distress. In these cases we have given immediately ten grains of calomel with from two to four of opium, and in three hours more a like dose, followed by an ounce of castor oil and a dram of oil of turpentine conjoined—assisting their operation by emollient enemata. After the free operation of the purges, if the peritoneal inflammation persisted, we gave ol. terebinth. gtt. xx., cum. tinct. acet. opii gtt. xv., beat up with mucilage or the white of an egg, every three hours, intermitting it with a powder of two grains of calomel and half each of opium and ipecacuanha—with a view to induce ptyalism, which was always followed by a cessation of the peritoneal inflammation. Frequent opiated enemata were used—the preparation of opium being the syrup of poppies, with common starch as the basis of the injection.

The distressing tenesmus, so common in dysentery, has generally yielded in our practice to the use of opiated suppositories or opiated enemata; but a more favourite application with us has been an opiated unguent made by rubbing down two drams pulv. opii with one dram olive oil, and then adding half an ounce simple cerate, melted at a boiling heat, and stirring the whole till cool. The verge of the anus smeared with this and a portion

[1] R. Antimonii vit. cerat., gr. iv.
Sang. draconis, gr. xvi.
Opii et ipecac. aa. gr. vi.
Sapo venet. q. s. ut ft. mass. in pil. xvi. dividenda.

introduced into the rectum on the point of the finger gives surprising relief, and assists materially in the cure of the disorder.

This number concludes the series of observations on the diseases of the southwestern part of the United States as connected with the medical topography of that region.

Art. IV.—ON AN UNDESCRIBED DISPLACEMENT OF THE BONES OF THE FORE-ARM.

BY JOHN GARDNER, ESQ.[1]

We have met with more than one example of the affection described by Mr. Gardner in the following passage.

There is an accident of very frequent occurrence happening to children, from the time when they are just beginning to walk to the age of from three to four years. A parent or servant is leading a child, or it is supporting itself by its hand—a sudden slip occurs—a slight crack is heard—the child screams—and upon examination is found unable to use its hand, the arm hangs powerless by its side, or is supported by the other hand, and every attempt to move it is attended with considerable pain. A surgeon is summoned, and on the first aspect supposes that either the clavicle is fractured or the shoulder-joint dislocated. But when, on a careful examination, this is found not to be the case, and the non-existence of either dislocation or fracture is satisfactorily ascertained, he believes it to be a mere bruise, places the arm in a sling, and keeps it bathed with cold lotions. After some time, whilst dressing or undressing the child, or on some sudden movement, another fall, or pull upon the arm, a slight crack is again heard, and to the great surprise of the parent, the hand is forthwith used, and is found to be quite well.

The displacement consists in the tubercle of the radius, to which the tendon of the biceps flexor cubiti is attached, slipping over the edge of the ulna, and being retained there. I have never seen this displacement in adults; probably the laxity of the ligaments permits it only in children, and most frequently in very young children. When a child is presented to me under these circumstances, after carefully ascertaining that there is no fracture either of the clavicle or bones of the arm, and no other dislocation, and the existence of this displacement being evident, I grasp the upper arm firmly in one hand, and with the other bring the fore-arm tightly supine, and suddenly bending the fore-arm upon the upper the bones slip into their proper places: a slight crack is heard, and the child is well and can at once use its hand.

Art. V.—ON THE EMPLOYMENT OF CARBONIC ACID GAS IN MEDICINE.

BY DR. FURNARI.[2]

Some journals of medicine, both French and foreign, have lately related several cases of amenorrhœa and uterine pains, which precede and accompany the menstrual discharge, treated with the best success by intra-vaginal fumigations of carbonic acid gas.

M. Mojon, of Genoa, was the first who proposed this new therapeutic agent in such cases.[3] Experience having actually placed these fumigations

[1] London Medical Gazette, for Sept 9, 1837.

[2] Journal des Connoissances Medicales, Juillet, 1837.

[3] Vide Bulletin Général de Thérapeutique, 1834: Journal des Sciences Physiques et Chiniques, Janvier, 1835: Revue Médicale, &c.

amongst medicaments which have a well marked action upon the vital properties of the female genital apparatus, we thought we should render a service to our readers in reporting here, as briefly as possible, the ideas put forth by the Italian physician relative to the manner in which this gas acts upon the animal economy, and especially in the pathological cases referred to.

There are women, who, without being affected with complete amenorrhœa, experience, for some hours and often some days before the appearance of the menstrual flux, acute and poignant pains, accompanied with twistings in the uterine region, in the kidneys, and thighs. These pains are particularly frequent in large towns, and in girls of an irritable temperament, the influence of which becomes revealed by a menstrual precocity which is not often in harmony with the other organs.

Under other circumstances, there are young females in whom coition has superexcited the organs so that the menses do not flow, or do so with difficulty; which takes place also in women of a sanguine temperament, and who are athletic. Dr. Mojon, Honorary Professor in the University of Genoa, attributes these vivid and acute pains which precede and accompany menstruation not only to a state of superexcitation of the whole generative apparatus, but also to the quantity of blood which traverses it in every direction,—in this case too coagulable, and consequently less flowing in the capillary vessels, or in the cellular tissue, which ought to afford it passage into the menses, whether this discharge take place by means of a particular exhaling apparatus or by exosmose. Again, in these *molimina menstruationis*, there may only occur a simple abdominal leaking of a coagulable mucosity.

The pseudo-membranes of the uterine cavity, which Morgagni, Chaussier, Denman, and Velpeau speak of, commonly recur only through thickening or drying of this same mucosity, which, by closing the origin of the fallopian tubes, often communicates sterility to females subject to menstrual pains.

Several means have been advised against these affections. Emmenagogues, properly so called, very far from putting an end to these pains, augment them. Bleedings from the feet, and the application of leeches to the vulva, produce often a nervous superexcitation which augments the *malaise* of the patient.

M. Mojon has proposed and employed successfully carbonic acid gas. With many practitioners of the Italian school, he considers this acid gas as a powerful sedative, *contra-stimulant*, or even, if preferable, an excellent antiphlogistic. This opinion, entirely opposed to that of a great number of physicians, who consider it a stimulant, gave occasion, two years ago, to a rather lively discussion in the body of a learned medical society of this metropolis.

The Genoese physiologist looks upon this new therapeutic agent as capable of throwing the organism into a state of prostration or torpor, of relaxing the inflamed tissues; thus to moderate, so to speak, the force of reaction which is communicated to these same tissues by the inflammatory condition. He considers, besides, carbonic acid gas as also proper for diminishing this great plastic or coagulable tendency always presented by the blood, in whatever part it becomes inflamed; for this gas really changes the blood from the arterial into the venous condition.

When we examine carefully what takes place in animals immersed in carbonic acid gas, or in dogs which are exposed to the vapour disengaged in the *Grotto del Cani*, at Naples, it is easily perceived that carbonic acid gas diminishes the action of the sanguineous system and of the muscular fibre. Individuals who have survived asphyxia from carbonic acid gas experience for a length of time a lesion in the locomotive functions, and the blood drawn from their veins is more fluid and bluish than commonly.

M. Mojon does not base his opinion on an isolated observation: his long and brilliant practice has furnished him with opportunities for employing this means several times. The experiments very lately successfully undertaken by a number of other clinical enquirers confirm this opinion.

Not only in periodic menstrual colics does this physician propose the employment of this therapeutic agent, but also in many phlegmasiæ, such as cystitis, the ophthalmiæ metritis, &c. And who knows if the relief experienced by individuals affected with gastritis by drinking gaseous acidulated water, is not owing to the antiphlogistic property of the carbonic acid with which this water is saturated?

The researches which we have made on the diseases of artisans and on the hygiene of professions[1] have given us opportunities of knowing the antiphlogistic action of carbonic acid. Brewers, manufacturers of cider, wine manufacturers, the vinegar makers, and all who work in an atmosphere charged with carbonic acid are subject to a kind of apoplexy, which we have designated by the name of *coup de sang* of brewers, or simple congestion of the encephalon, which is more or less intense in proportion to the time it remains in the vat, to the period of fermentation, and to the age and constitution of the workmen. The following is the cause of the *coup de sang* with brewers: these individuals living always under the influence of carbonic acid the circulation in the head is accomplished tardily, and consequently the return of the blood to the heart experiences difficulties; and we have remarked that this kind of *coup de sang* bears some analogy to the apoplexy of old people.

For a number of years the English physicians have used carbonic acid gas successfully in the treatment of some diseases, but under a very different point of view from that by which it has been regarded by the Italian practitioner.

These fumigations are prepared in cases of uterine pains by receiving into the vagina the free extremity of a gum elastic canula, surmounted with a nipple-like end through which is passed carbonic acid gas, which is disengaged from carbonate of lime by means of dilute sulphuric or hydrochloric acid.[2]

These fumigations should be repeated twice a day during the period which precedes the menses; not only do they regulate their course, but they also put an end to the pains which precede, follow, or accompany them. Nothing is more simple, less expensive, and more easy to practice, than this operation.

Art. VI.—PROBABILITY OF DEATH AND RECOVERY IN ASIATIC CHOLERA.

BY W. FARR, ESQ.

The following extract is from an article on Prognosis, by Mr. Farr, in the *British Medical Almanack*, for 1838. We extract it from the last number of a valuable British journal.[3]

Table of 4907 *fatal Cases of Cholera, showing the number remaining alive at each of* 16 *Periods; and the Number dying in the Period following.*

Hour.	To die.	Dying.[4]	Day.	To die.	Dying.	Day.	To die.	Dying.
0	4907	204	1	2523	823	7	372	171
6	4703	615	2	1700	502	8	201	35
12	4088	392	3	1198	382	9	166	36
18	3696	1173	4	816	240	10	130	111
			5	576	125	15	19	19
			6	451	79	20	0	

[1] Dictionnaire de Médecine Usuelle, vol. i., Art. Brasseurs, (maladies des).

[2] Journal des Sciences Physiques et Chiniques, &c.

[3] British and Foreign Medical Review, for January, 1838, p. 292.

[4] Rapport sur la Marche et les Effets du Cholera Morbus dans Paris et le Department de la Seine.

The tendency to speak in weeks, and well-known periods, produced the irregularity at the seventh day. Of the 171 thrown on that day, some died a day or two before, some a day or two afterwards. For the same reason it may be safely admitted that the deaths increased regularly on the first day. The daily rate of mortality in the first 12 hours was 16 per cent.; in the next 12 hours (12—24) 37 per cent.; in the 2d day, 11 per cent.; in the 3d day, 8 per cent., if the mortality of cases of cholera in Paris was 49 per cent.—it could not have been higher,—and none of the severe cases were cured in the first three days. The force of mortality attained its maximum in cholera by the 21st hour (18—24 hours); the maximum intensity in small-pox is attained in days 10—15; in phthisis, in 6—9 months. Taking a year as the unity of time, the relative maximum force of mortality—the deaths out of 100 constantly living,—in the height of these three diseases is, cholera, 13614; small-pox, 1150; phthisis, 148. The danger of cholera decreases as the time advances; the longer a cholera patient lives, the more likely he is to live. The way in which the prognosis becomes favourable is shown in the following table:—

Table of the Probability of Recovery from the severer Attacks of Cholera at the end of 12 *hours, and* 1, 2, *and* 3 *days.*

Cases.		To recover.	To die.	Probability of recovery.
0 hours	10000	5093	4907	.509 nearly 1 to 1
12 "	9181	5093	4088	.555 " 1.3 1
1 day	7616	5093	2523	.669 " 2 1
2 "	6793	5093	1700	.750 " 3 1
3 "	6991	5093	1198	.809 " 4 1

These facts prove that, in cholera, the probability is generally not in favour of death; they also establish the importance of early treatment, for half the deaths happen in the twenty-four hours. What the practitioner does, he should do quickly.

Art. VII.—ON THE DIVISION OF THE TENDO ACHILLIS IN CLUB-FOOT.

BY JOHN WHIPPLE, ESQ., SURGEON, PLYMOUTH, ENG.[1]

We have already referred to some successful operations of this kind in the pages of the "Intelligencer." Mr. Whipple, in the paper before us, details *nine* perfectly successful cases, if we except one in which the cure was prevented by improper management by the attendants after the operation. The ages of the patients were, respectively, 9, 8, 28, 8, 2½, 7½, 14, 7, and 1⅛ years, and the comparison of the cases induces Mr. Whipple to infer that infancy is the most favourable to the operation.

The following is Mr. Whipple's method of operating, with his reasons for adopting it.

—

The foot being extended as much as possible, the integument posterior to the tendon is pinched up about two inches above the os calcis, in order to separate it from the latter, when a narrow-bladed knife, with a rounded cutting extremity, is passed from within obliquely downwards and outwards, between the integument and tendon; and as soon as the point of the knife is felt under the integument, and on the outer side of it, considerable flexion of the foot is made by an assistant, the point of the knife being at the same time depressed, so as to bring it in contact with the tense tendon, when, by

[1] London Medical Gazette, for Sept. 2, 1837.

firmly depressing and withdrawing the instrument, the object is instantly effected. This is made evident by the sudden jerk with which the heel is brought down, in some instances two or three inches, as in cases of talapes equinus. The knife should be passed from the inside outwards, for this reason: should you depress the point more than is necessary to divide the tendon, there would be no risk of wounding the posterior tibial artery, which would be the case were you to introduce your knife from without inwards; and it is essential to depress with some force, or you leave undivided some fibres of the tendon most remote from your puncture, and have to introduce your knife again (not a little embarrassed at your own bungling) for the purpose of dividing them. However, although the point of your knife be dipped some distance anterior to the edge of the tendon externally, in order to secure its division, this will not be necessary internally, as, the moment you feel your object effected, you discontinue the pressure on the knife, and withdraw it carefully, so as not to enlarge the integumental opening.

This, I think, is by far the best mode of operating, as by this means you pass your knife across a relaxed tendon, which, when rendered tense, is brought up to meet the edge of the instrument, and therefore more readily divided than when you pass your knife between it and the deeply-seated muscles. Another objection to the latter plan with me is, that the tendon is in such close contact with the integument, that you run a great risk of dividing, or partially dividing, the latter, which, from the years of contraction to which it has been subjected, is rendered exceedingly tense when the foot is flexed. In upwards of thirty cases which I have examined, I have found no exception to this. Again, where the toes are the points of support, the tendon will be found nearly embraced by the integument, as in the corresponding tendon in the horse, though certainly not to such an extent. I must not leave this part of the subject without a remark relative to the division of other tendons apparently implicated, without the division of which it might be imagined that little would be gained; and, indeed, such was my own impression after the operation in the second case I have recorded. I had promised that one tendon only should be divided; but I confess that I left my patient with regret at having so given my word, and determined to gain the consent of the parents to the division of the others, if the muscles did not elongate by steady and constant extension, as I at first conceived they would, looking upon them as secondarily affected, their contractility being favoured by the rolling inwards of the foot. A few days, however, served to remove all doubt from my mind, as they were evidently relaxing. I abandoned then the idea of their division being necessary, and as yet I have had no occasion to regret it. I am free, however, to acknowledge, that it might be the means of a more speedy alteration of the shape of the foot; yet the chances of inflammation, together with the weakness which a want of union would necessarily induce, are sufficient reasons for its division not being attempted. No doubt can exist of its impropriety in cases of talapes verus, as will be illustrated hereafter.

My reasons for dividing the tendon obliquely are as follows:—First, by so doing you have a larger surface for nature to carry on her operations; secondly, you have the obliquely divided tendon in nearer approximation, and thereby secure a firmer ligamentous band than in the transverse division; and thirdly, the application of the instrument does not separate the lips of the wound—a desirable point, as the sooner it heals, so as to prevent the escape of lymph, the better. The puncture is dressed with adhesive plaster, and the instruments applied at once, as, where this has been deferred, the act of stretching the inflamed part has caused considerably more pain than the operation and early application combined. Much care and attention are required for the first three weeks or month, in order to keep the heel well down. Every thing depends on the heel and instep straps, and neither the fears and doubts of the surgeon, nor the ill-timed meddling of the parents, must interfere with the application of these straps; for, however aggravated the case may be, the removal of the deformity by proper

treatment is certain. I know of no instance where patience is more necessary to the surgeon than in treating these cases; every thing is to be gained by it; for, by strapping too tightly and screwing too firmly, vesications are produced, which compel you to remove every thing for their cure, and you lose more in twenty-four hours than you have gained in a week. Therefore, all you can do is to secure the heel firmly to the iron-sole, and to screw the plate so that it may merely rest on the cuboid and tarsal bones; then, from day to day, to draw in the strap a little tighter, so as to bring the end of the splint to the knee: a little pain and inconvenience are of course attendant upon this proceeding, but provided it does not produce vesication, this cannot be of any consideration when put in competition with the importance of the result.

Art. VIII.—ADHESION OF THE NYMPHÆ AND HYMEN.

A case of this kind is contained in a recent German periodical.[1] Dr. Pfeil was called to a young peasant girl, nineteen years of age, whom he found in bed, labouring under violent pyrexia, general debility, heat, thirst, pains in the abdomen, fulness and constant bearing down in the vagina. Progression was impracticable, owing to peculiar pains in the sacrum and thighs. She had never menstruated. The abdomen was tumid, hard, and painful, when touched. On examination, the finger could not enter the vagina, chiefly on account of a firm elastic swelling, which had pressed forwards anterior to the labia majora. Ocular inspection, which became necessary, showed immediately that the evil consisted in an adhesion of the nymphæ to each other. The tendinous bond of union was divided by a longitudinal incision. When the nymphæ were drawn back, the hymen was seen perfectly unbroken, of a bluish red colour and semicircular shape, and of the size of a Borsdorfer apple, projecting between the labia. A longitudinal incision was made into the middle of the swelling, when a quantity of blood escaped, of a blackish red colour. As soon as issue was given to this the pains in the abdomen ceased.

The discharge continued two or three days; the abdomen subsided, and every trace of indisposition had disappeared on the fourth day after the operation.

BIBLIOGRAPHICAL NOTICES.

Holmes's Prize Dissertations.[2]

These dissertations are three in number, and the fact of their all being prize productions is highly creditable to their author. He modestly undervalues their merit in his preface; in which we think him not only unjust to himself on the score of deserts, but because to a flimsy and superficial critic he furnishes grounds for conviction out of his own mouth. For this reason it is always impolitic in an author to be apologetic in his preface.

[1] Medicinische Zeitung, February 15, 1837, s. 34.

[2] Boylston Prize Dissertations for the years 1836 and 1837. By Oliver Werdell Holmes, M. D., Fellow of the Massachusetts Medical Society, and Member of the Société Médicale d'Observation of Paris, 8vo, pp. 371. Boston, 1838.

The subject of the first essay is, "Facts and Traditions respecting the existence of Indigenous Intermittent Fever in New England." It contains a large amount of testimony industriously collected respecting the localities of New England, which have disengaged malaria; testimony which throws negative light on the nature of that emanation, by showing us that it may exist in one locality, and be absent in another apparently identically situated; thus confirming the facts which we already possess in numbers on this interesting topic, and tending certainly to render still less probable the notion of the *vegetable* origin of that pestiferous agent.

The second dissertation is "On the Nature and Treatment of Neuralgia," and is well worthy of perusal. We are pleased to observe the remarks upon the views at one time indulged to a greater extent than at present on the evidences of what is called "Spinal Irritation." We have bestowed much time and thought on this matter, and are firmly satisfied that the evidence usually adduced from pressure on the spine, and from the effects of remedies, by no means establishes that the seat of the disease is always in the spinal marrow or its envelopes.

The last dissertation is "On the Utility and Importance of Direct Exploration in Medical Practice," a subject on which we have had numerous dissertations of late years.

We recommend this volume to our readers, and we trust that the reception it meets with from the profession may induce the intelligent and industrious author to render himself yet more useful to a profession which requires vigorous labours for its advancement.

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Transactions of the Maryland Academy of Science, &c.[1]

This is the first publication that has emanated from this body; but from the manifestations of zeal which its members have recently afforded we hope it may not be the last. We could suggest, however, that it would be well for the academy to wait until they possess more ample materials before they issue their next volume.

The main object of our noticing this work is to draw attention to a valuable practical paper "On the Detection of Arsenic in Medico-legal Investigations," from the pen of Professor Fisher, of the University of Maryland.

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Littell on the Diseases of the Eye.[2]

The following notice of Dr. Littell's work in the last number of the "British and Foreign Medical Review"[3] approximates so much to our own that we hesitate not to adopt it. It is an unbiased opinion, written at a distance, by persons who are totally unacquainted with the author, and who are consequently neither swayed by favour on the one hand nor on the other by petty envies and jealousies, which are too apt to exist in the vicinity of an author's own threshold.

"Our limits will not allow us to notice the small work of Dr. Littell in

[1] Transactions of the Medical Academy of Science and Literature, Vol. I. Published by the Academy. 8vo, pp. 190. Baltimore, 1837.

[2] A Manual of the Diseases of the Eye. By S. Littell, Jr., M. D., one of the Surgeons of the Wills Hospital for the Blind and Lame, Fellow of the College of Physicians of Philadelphia, &c. 12mo, pp. 225. Philadelphia, 1837.

[3] No. 9, for January, 1838, p. 45.

detail; but, after an attentive perusal of the whole volume, we confidently recommend it to the senior as well as junior members of the profession. It is replete with information, yet so terse in style and compressed in bulk as at once to entice and repay perusal. We agree in most points with the author's pathological inductions and practical precepts. The language is free from any tinge of Americanism, the descriptions are short but comprehensive, while the treatment is characterised by great prudence; on the one hand, avoiding the charge of inactivity or feebleness; on the other, never risking the more serious results of chronic mischief and broken health from excessive depletion, or the depressing effects of violent mercurial courses; of which faults some of our own countrymen are not entirely innocent.

"It is no small triumph to Dr. Littell to be able to say that he has introduced almost all that is valuable, and every thing absolutely necessary, to the student, within the compass of two hundred and fifty small pages; and we would deliberately recommend our young friends to read this work before encountering the voluminous treatises of Lawrence, Travers, Mackenzie, Middlemore, &c. We are in no way inclined to speak slightingly of these works: on the contrary, we believe that there is much accurate observation, learned research, and sound practice to be found in them: but the commencing enquirer is startled by their magnitude, and discouraged by the belief that the subject of ophthalmology ought indeed to be cultivated by exclusive practitioners, when he finds such extensive and elaborate treatises devoted to its consideration. Apprehensions and misapprehensions of this sort the small volume before us is calculated to remove, and we once more earnestly recommend it to the attention of the student."

Caldwell's Eulogium on Dr. Physick.[1]

This discourse—like every thing that proceeds from the veteran author—is appropriate and forcible, and written in the plain, terse, nervous style, which is so characteristic of him. It is an honourable tribute paid to exalted professional merit. Such eulogies are, indeed, alike creditable to "him that gives and him that takes."

Cholera in Italy.—All our Italian medical periodicals, recently received, are nearly filled with accounts of the nature, complications, treatment, and devastations of this dread malady.

NECROLOGY.

Professor Eberle.—Died on the 2d of February, at Lexington, aged 54 years, Dr. John Eberle, Professor of the Theory and Practice of Physic in the Transylvania Medical School, to which, our readers will recollect, he was appointed prior to the commencement of the present session—in the place of Dr. Cooke, now professor in the Louisville Medical Institute. Dr. Eberle was unable—we are informed by one of his colleagues—to lecture more than five weeks of the course, the remainder of the lectures having been delivered by Professors Dudley and Cross.

Dr. Eberle studied medicine with Dr. Joseph Klapp, of Southwark, and graduated in the year 1809 or 1810. After this he practised for some years with reputation at Manheim, in Lancaster County, and for one or two years in the city of Lancaster, before he removed to Philadelphia.

[1] A Discourse commemorative of Philip Syng Physick, M. D., prepared by appointment of the Faculty and Class of the Louisville Medical Institute, and delivered January 12, 1838. By Charles Caldwell, M. D. (Published by request.) 8vo, pp. 41. Louisville, Ky., 1838.

He was one of the principal founders and promoters of Jefferson Medical College, which commenced its operations in 1825, and in which he was appointed Professor of the Theory and Practice of Physic. In 1831, he was elected to the Chair of Materia Medica in the medical department of the Miami University, established at Cincinnati, and was afterwards tranferred to the Chair of the Theory and Practice of Physic, in the Medical College of Ohio, in the same city, where he remained until his appointment, last year, to the professorship in the Transylvania Medical school.

We had no personal acquaintance with Dr. Eberle, but we are informed by one who knew him well, that "he was a man of great modesty—indeed, his modesty was of so retiring a character, that he was considered by the public as remarkably diffident and shy. His industry and application to his studies became proverbial among the profession. He was greatly esteemed by his patients, and enjoyed a respectable share of practice both in Philadelphia and in Lancaster county. He reared a large family of children, and educated them with great care and attention. He was always embarrassed in his circumstances, from an unfortunate habit of lending his endorsements to importunate and unworthy friends."

Dr. Eberle's title to the thanks of his profession is not inferior to those of any other physician in the country. His "Materia Medica and Therapeutics," the fourth edition of which was published in 1834: his "Treatise on the Practice of Medicine," in two large volumes, 8vo., the third edition of which was published in 1835: his "Notes of Lectures on the Theory and Practice of Physic," the second edition of which was issued at Cincinnati, in 1834: and his "Treatise on the Diseases and Physical Education of Children," published in Cincinnati, in 1833,—all indicate, by their success, the value of the works, the utilitarian character of his labours; and that their author was not ambitious of emulating the meteor's transient glare, but rather the steady, permanent, and sure light of the fixed occupants of the firmament.

Besides the works we have mentioned, he was long a conductor of the medical periodical press, for which, with other qualifications, he was eminently fitted by his extensive acquaintance with many of the languages of continental Europe. He was one of those who commenced the "Medical Recorder," published in this city; and on his removal to Ohio he began the "Western Medical Intelligencer," published semi-monthly in single sheets, but this did not exist more than a year. Last year he commenced a quarterly medical journal, of which but one number appeared; and on his removal to Lexington he was announced as one of the editors of the "Transylvania Journal."

The whole of Dr. Eberle's active life was devoted to the advancement of that profession of which he was a distinguished and productive member.

BOOKS RECEIVED.

From Jacob Snyder, Jr., Esq.—Student's Magazine, published at the Pennsylvania Institution for the Instruction of the Blind, Nos. 1 and 2, for January 3, and February 7, 1838.

[One of those philanthropic inventions for the relief of those children of

privation who are shut off from the acquisition of knowledge by the ordinary inlets. The work is printed with raised letters suitable for being read by the touch, and is intended to provide the pupils monthly with new reading, made up of extracts of such works as it would be perhaps too expensive or inexpedient to print entire. Each number consists of four large pages, printed with the types used in the institution.]

From the Author.—On Scarlatina, in a letter addressed to his son, &c. (See "Books Received," in the last number). By William Ingalls, M. D., M. M. S. Soc., &c. 8vo, pp. 39. Boston, 1837.

From the Author.—A Manual of the Diseases of the Eye. By S. Littell, Jr., M. D., one of the Surgeons of the Wills Hospital for the Blind and Lame, Fellow of the College of Physicians of Philadelphia, &c. 12mo, pp. 255. Philadelphia, 1837.

From the Author of the Sketch: (Dr. Collins [?] of Baltimore).—The Baltimore Chronicle, for February 8, 1838; containing a biographical sketch and eulogy of the late Dr. Physick.

From the Author.—New Treatment for Certain Cases of Anchylosis. By J. Rhea Barton, M. D., of Philadelphia. (Extracted from the American Journal of the Medical Sciences, for February, 1838). 8vo, pp. 8. Philadelphia, 1838.

From the Author.—A Discourse commemorative of Philip Syng Physick, M. D., prepared by appointment of the Faculty and Class of the Louisville Medical Institute, and delivered January 12, 1838. By Charles Caldwell, M. D. Published by request. 8vo, pp. 41. Louisville, Ky., 1838.

From Dr. Forbes, editor of the British and Foreign Medical Review:—

On Animal Magnetism.—Isis Revelata: an Enquiry into the Origin, Progress, and Present State of Animal Magnetism. By J. Colquhoun, Esq., Advocate, F. R. S. E. Small 8vo, pp. 395, 416. Edinburgh, 1836.

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On the Cholera in Italy.—Cenni sul Cholera-Morbus Asiatico del Dottore C. Rasis, &c. 8vo, pp. 31. Livorno, 1835.

Memorie sul Cholera Morbus, appendice al Bullettino delle Scienze Mediche, &c. Fasc. 1 and 2. 8vo, pp. 173. Bologna, 1836. Il Cholera a Roda, Racconto Istruttivo. 8vo, pp. 28. Firenze, 1835.

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Riflessioni Sulla Corrente Malattia Asiatico-Cholerica e Modo Sicuro di Preservarsene del Dottore Palmazio Lenci Attual Medico di turno nei Regj Spedali di Livorno. 8vo, pp. 42. Livorno, 1835.

First Principles of Medicine. By Archibald Billing, M. D., A. M., Member of the Senate of the University of London, Fellow of the Royal College of Physicians, &c. Second edition, 8vo, pp. 130. London, 1837.

A Treatise on the Influenza of 1837, containing an analysis of one hundred cases, observed at Birmingham, between the 1st of January and the 15th of February. By Peyton Blakiston, M. A., Med. Lic. Cantab., Physician to the Birmingham Dispensary, &c., 8vo, pp. 60. London, 1837.

Ueber Virilescenz und Rejuvenescenz thierischer Körper. Ein Beitrag zur Lehre von der regelwidrigen Metamorphose organischer Körper. Von Dr. Carl Wilkelm Mehliss, practischem Arzte, u. s. w. in Liebenwerda. 8vo, pp. 114.